

A. Application

I, the undersigned, herein referred to as "Depositor", whose name, personal data, and other information are as inscribed in the schedule below, written by me or under my direction, hereby apply for **OIC Pocket Savings Deposit Agreement**, herein referred to as "Pocket Savings", of Oro Integrated Cooperative (OIC) herein referred to as the "Cooperative".

I acknowledge that the terms of the savings are set out below and in the corresponding Pocket Savings Specifications. **I have received, read and agree to the terms therein.**

I certify the information set out below is correct and agree to provide any further information which may be required in connection with the registration and administration of the plan.

B. Depositor Information

First Name	Middle Name	Last Name	Suffix

C. Pocket Savings Specifications

Savings Purpose (Event / Occasion)	Monthly Plan	No. of Months
<input type="checkbox"/> Anniversary <input type="checkbox"/> Birthday <input type="checkbox"/> Christmas <input type="checkbox"/> Fiesta <input type="checkbox"/> Graduation <input type="checkbox"/> Others (Specify)	PhP	

1. Product Characteristics and Features

- Minimum opening amount is five hundred pesos (P500) only.
- Three percent (3%) interest rate per annum is computed based on the daily average balance.
- P500 maintaining balance
- Interest earned is free of withholding tax.

2. Terms and Conditions

- Pocket Savings is non-transferrable.
- Minimum deposit plan is P500 per month, while maximum deposit plan is P2,000 per month
- Pocket Savings cannot be used as deposit counterpart for loan.
- Frequency of deposit is on a monthly basis. Lump sum saving is not allowed.
- Each member can open up to 5 Pocket Savings account only.

I HEREBY DECLARE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I promise to abide to the terms and conditions set forth in the policy of OIC Pocket Savings without any reservations, upon approval of my application.

Signed this ____ day of _____, _____ at _____.

DEPOSITOR SIGNATURE OVER PRINTED NAME

DATE SIGNED _____

SIGNATURE OF AUTHORIZED PERSONNEL

DATE SIGNED _____

TO BE FILLED OUT BY OIC PERSONNEL

Pocket Savings Account Number	Customer ID Number	Initial Deposit	Date Opened	O.R. Number